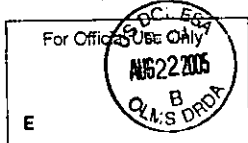


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>18368</u>	2. Fiscal Year Covered From: <u>1 / 1 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>Brian L. Frauly</u> P.O. Box, Bldg., Room No., if any <u>1319</u> Street <u>42 1/2 Ave</u> City <u>Col. Hts.</u> State <u>MN.</u> ZIP Code + 4 <u>55421</u>	4. Name, file number, and address of labor organization. Name <u>IUPAT D.C. 82</u> Labor Organization File Number <u>542-089</u> P.O. Box, Building and Room Number, if any <u>3205</u> Street <u>Country Drive</u> City <u>Little Canada</u> State <u>MN</u> ZIP Code + 4 <u>55117</u>
5. Position in labor organization. <u>Business Rep.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Brian Frauly</u>	On <u>8-12-05</u> <u>763-788-8835</u> Date Telephone Number

Name of Person Filing <u>Brian Freely</u>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Mpls. Painting Fringe Funds
 Trade Name, if any: H&W Pension
 P.O. Box, Bldg., Room No., if any 3001 Suite 500
 Street Metro Drive
 City Bloomington
 State Mn. ZIP Code + 4 55425

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Mpls. Painting Fringe Funds
 Trade Name, if any: H&W Pension
 P.O. Box, Bldg., Room No., if any 3001 Suite 500
 Street Metro Drive
 City Bloomington
 State Mn. ZIP Code + 4 55425

11.a. Nature of such dealing.

Trustee Educational Seminar

11.b. Approximate dollar value of such dealing.

\$1310.00

12.a. Nature of interest held or income received.

none

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Wilson McShane
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any 3001 Suite 500
 Street Metro Drive
 City Bloomington
 State Mn. ZIP Code + 4 55425

14.a. Nature of payment.

MPWEA	registration fee	100.00
P.A.T.H.	"	125.00
U.L.C.	"	95.00
Bill Petersen	"	125.00

13.b. Is the Business an Employer

or Consultant ☒ ?

TPA

14.b. Amount of payment.

\$445.00

Name of Person Filing <u>Brian Frauly</u>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Lmci

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any 1750

Street New York Ave. N.W.

City Washington, D.C.

State Washington D.C. ZIP Code + 4 20006

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Lmci

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any 1750

Street New York Ave. N.W.

City Washington D.C.

State Washington D.C. ZIP Code + 4 20006

11.a. Nature of such dealing.

Lmci Dinner Meeting

11.b. Approximate dollar value of such dealing.

79.00

12.a. Nature of interest held or income received.

none

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

The transactions, dealing and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Brian Trauly
Signature

8-12-05
Date